Docket No.: PF-0232-1 DIV

Certificate of Mailing

| \' \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Certificate of Maning |
|--|--|
| 10000000000000000000000000000000000000 | State Portal Service as first class mail in an envelope |
| I haraby contribution this correspondence is | being deposited with the United States Postal Service as first class mail in an envelope |
| I lielen y certain mar ans correspondent | Commissioner for Patents, Washington, D.C. 20231 on June 27, 2002. |
| addressed to Boy Non-Fee-Amendment | Compassioner for Patents, Washington, D.C. 2023 on January |
| addlessed to book I ton to be a family | VI A See Charles |

Katherine Stofer

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re Application of:

LaBrie et al.

Title:

HUMAN TUBBY HOMOLOG

Serial No.:

09/782,390

Filing Date:

February 12, 2001

TECH CENTER 1600/2900

Examiner:

Spector, L.

Group Art Unit: 1647

Box Non-Fee Amendment

Commissioner for Patents Washington, D.C. 20231

COPY OF PAPERS **ORIGINALLY FILED**

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Response to Restriction Requirement (8 pp.);
- 3. Certificate under 37 C.F.R. §3.73(b), Revocation of Power of Attorney & Appointment of New Attorneys (2 pp.).

The fee has been calculated as shown below

| Claims | Claims After Amendment | | Claims Previously Paid For | | Present Extra | Other Small F | | | Additional Fee(s) |
|---|---------------------------|---|----------------------------------|--|------------------|---------------|------------|----|-------------------|
| Total | 21 | - | 21 | | 0 | x\$18.00 | | s | 0 |
| Indept. | 3 | - | 3 | | 0 | x\$84.00 | | \$ | 0 |
| First Presentation of Multiple Dependent Claims +280.00 | | | | | | s | 0 | | |
| 1 ii St. 1 testimat | | | | | | | Total Fee: | \$ | 0 |

| No additional Fee is required. | |
|---|----|
| Please charge Deposit Account No. 09-0108 in the amount of: | \$ |

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.

Shirley A. Recipon

Reg. No. 47,016

Direct Dial Telephone: (650) 621-8555

3160 Porter Drive

Palo Alto, California 94304 Phone: (650) 855-0555 Fax: (650) 845-4166